

ENRON CORP Personnel Action Form	INSTRUCTIONS: WHEN FILLING OUT THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		COMPANY/ORGANIZATION NAME ENRON CORP		COMPANY/ORGANIZATION ID NO. 0-011	
	LAST ACTION DATE 01/01/97		EMPLOYEE NAME SKILLING, JEFFREY K.			
	LAST ACTION(S) 10 06 03		DEPARTMENT NAME/ADDRESS OFFICE OF THE CHAIRMAN FB 5008 HOUSTON			
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE ACTIONS 12		ACTION EFF. DATE 11/1997		SOCIAL SECURITY NUMBER [REDACTED]	

CARD COMPLETION INFORMATION ON BACK

B1 EMPLOYEE'S NAME (LAST, FIRST MIDDLE INITIAL) SKILLING, JEFFREY K.	SUFFIX MR.	PREFIX MR.
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STATUS INFORMATION (SCREEN 003)

C1	STATUS	STATUS EFFECTIVE DATE	CONT. SERV. EMTL DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PARTTIME
	A	01/01/96	08/01/90				R	F
C2	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED	
	REG	S	04/01/96		08/01/90	08/01/90		
C3	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4		
	00304000	E						

JOB ASSIGNMENT INFORMATION (SCREEN 004)

-D	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE		
	01	01/01/97	99/99/99		003972	01/01/97	PRES & COO		
-E	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (OFF. USE ONLY) (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORT	DEPT. EMP. TIME RPT.	
	31,250.000	P		100.00%	ST	00304000	E	N	
-F	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPAR. RATIO (OFFICE USE ONLY) (DNKP)			
	62,500.000	01/01/97	62,500.00	01/01/97		000.0			
-I	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE			
		REG	18,125.000	100.00%	05/01/96	12/31/96			
-2		REG	31,250.000	100.00%	01/01/97	99/99/99			

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	LAST REVIEW DATE	INCREASE DATE	INCR TYPE	INCREASE AMOUNT	% INCREASE	INCR TYPE	INCREASE AMOUNT	% INCREASE
	05/01/96	01/01/97	P	6,250.00	72.41%			

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC	% FULLTIME	POSITION #	STATUS	TYPE	R/T	F/T	JOB DEPT. NO.
10	10	01/01/97	003972		31,250.000	S1	100		A	E	R	F	00304000
10	10	01/01/97	005481		18,125.000	S1	100		A	E	R	F	00304000
09	09	05/01/96	005481		18,125.000	S1	100		A	E	R	F	00096000
11	11	01/01/96	005481		16,666.665	S1	100		A	E	R	F	00096000
09	09	05/01/95	005481		16,666.665	S1	100		A	E	R	F	00096000
09	09	01/01/95	005481		14,792.000	S1	100		A	E	R	F	00096000

COMMENTS:

APPROVED BY Tom H.				DATE 11/1/97				APPROVED BY [Signature]				DATE 11/1/97			
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RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

Those sections not defined, refer to Human Resou Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org. Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1	Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.
	Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other Medical 70 - Military 80 - Death	LOA Return Date MM/YY-Month/Year the employee is expected to return from leave of absence
	Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness 06 - Family Obligations 07 - Education 08 - Layoff/With Pay 10 - STD Employee	11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Regular/Temporary R - Regular T - Temporary Full-Time/Part-Time F - Full-Time P - Part-Time
	Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not-eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.
C3	Drug Test Indicator N - Not covered by DOT regulations	P - Pipeline covered employee	T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

F	Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (ESP Users)
	Shift Indicator Blank - Non Shift CT - EOC 12-Hour Shift	TH - EOC 10-Hour Shift GE - EOC Rotating 8-Hour Shift	GO - EOC Offshore Shift GT - EOC 12-Hour Shift	LE - EOC Rotating 8-Hour Shift LT - EOC 12-Hour Shift DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010086

C4	Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease	B - Skill Block Verification F - Failed Reverification N - Lump Merit Q - Lump Promotion J - Lump Hierarchical Promotion
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ECML000656343

ENRON CORP Personnel Action Form	INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		COMPANY/ORGANIZATION NAME ENRON CORP	COMPANY/ORGANIZATION ID NO. 0-011
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE		LAST ACTION DATE 01/01/97	EMPLOYEE NAME SKILLING, JEFFREY K.
	ACTIONS 12	ACTION EFF. DATE 11/97	LAST ACTION(S) 10 08 09	DEPARTMENT NAME/ADDRESS OFFICE OF THE CHAIRMAN EB 5008 HOUSTON
			SOCIAL SECURITY NUMBER [REDACTED]	

CARD COMPLETION INFORMATION (ON BACK)

B1 EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL) SKILLING, JEFFREY K.	SUFFIX (INCLUDE PREFIX) MR.
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STATUS INFORMATION (SCREEN 003)

C1 STATUS R	EFFECTIVE DATE 01/01/96	CONT. SERV. EMP. DATE 08/01/90	SEPARATION REASON 10	LOA RETURN DATE 01/01/97	LOA REASON 10	REGULAR/TEMPORARY R	FULL/PART-TIME F
C2 PAY STATUS E	NEXT REVIEW DATE 03/01/98	BENEFIT CODE 1	BENEFIT CODE DATE 08/01/90	ORIGINAL HIRE DATE 08/01/90	LAST DATE WORKED 08/01/90		
C3 DEPARTMENT NUMBER 00004000	DRUG TEST 5	REPORTING GROUP 1	REPORTING GROUP 1	REPORTING GROUP 1	REPORTING GROUP 1		

JOB ASSIGNMENT INFORMATION (SCREEN 004)

D JOB NO./INSTR. BEGIN DATE 01/01/97	END DATE 09/30/99	POSITION NO. 003972	JOB CLASS NUMBER 01/01/97	CLASS ENTRY DATE 01/01/97	JOB ASSIGNMENT TITLE PRES. & COO
E PAY RATE/OFFICE USE ONLY (DNKP) 31,250.000	RATE CODE 3 P	GRADE OR USE ONLY (DNKP) 100.000	PAY CYCLE S1	JOB DEPT. NO./OFFICE USE ONLY (DNKP) 00394000	TIME REPORT E
F MONTHLY/HOURLY SALARY 31,250.000	SALARY EFFECTIVE DATE 01/01/97	BENEFIT RATE 62,500.00	BENEFIT EFFECTIVE DATE 01/01/97	SHIFT IND. 7	COMPARATO. OFFICE USE ONLY (DNKP) 000.0
I ACCOUNT NUMBER/OFFICE USE ONLY (DNKP) [REDACTED]	EARNINGS TYPE REG	RATE AMOUNT/OFFICE USE ONLY (DNKP) 18,125.000	PERCENT 100.000	START DATE 05/01/96	STOP DATE 12/31/96
J ACCOUNT NUMBER/OFFICE USE ONLY (DNKP) [REDACTED]	EARNINGS TYPE REG	RATE AMOUNT/OFFICE USE ONLY (DNKP) 31,250.000	PERCENT 100.000	START DATE 01/01/97	STOP DATE 09/30/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4 RATE REVIEW DATE 01/01/96	INCREASE DATE 01/01/97	INC. TYPE P	INCREASE AMOUNT 6,250.00	% INCREASE 72.413	INC. TYPE P	INCREASE AMOUNT 6,250.00	% INCREASE 72.413
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JOB HISTORY INFORMATION

JOB NO./ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PERCENT	TIME	POSITION	STATUS	TYPE	DEFENSE
01	01/01/97	003972		31,250.000	S1	100		A	E	00304000
02	01/01/97	005481		18,125.000	S1	100		A	E	00304000
03	05/01/96	005481		18,125.000	S1	100		A	E	00096000
04	01/01/96	005481		16,666.665	S1	100		A	E	00096000
05	05/01/95	005481		16,666.665	S1	100		A	E	00096000
06	01/01/95	005481		14,792.000	S1	100		A	E	00096000

COMMENTS:

10m H

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE

RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

Those sections not defined, refer to Human Resou Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D, -E, -F
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, -C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3, -D, -E, -F, C4
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -E, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment
Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	LOA Return Date MM/YY-Month/Year the employee is expected to return from leave of absence 40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other Medical 70 - Military 80 - Death	
Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness 06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee	Regular/Temporary R - Regular T - Temporary 11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Full-Time/Part-Time F - Full-Time P - Part-Time
Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	Regular/Temporary R - Regular T - Temporary P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-time and Temporaries eligible for Qualified Plans only if requirements met
Drug Test Indicator N - Not covered by DOT regulations	P - Pipeline covered employee	T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly MT - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (ESP User)
Shift Indicator Blank - Non Shift CT - EOC 12-Hour Shift	TH - EOC 10-Hour Shift GE - EOC Rotating 8-Hour Shift	GO - EOC Offshore Shift GT - EOC 12-Hour Shift	LE - EOC Rotating 8-Hour Shift LT - EOC 12-Hour Shift DR - Incentive Truck Drivers

EC36936A0010088

JOB PERFORMANCE INFORMATION (SCREEN 009)

Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease	B - Skill Block Verification F - Failed Reverification N - Lump Merit Q - Lump Promotion Lump Hierarchical Promotion
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ECML000656345

ENRON CORP Personnel Action Form	INSTRUCTIONS: WHEN FILLING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		COMPANY/ORGANIZATION NAME ENRON CORP		COMPANY/ORGANIZATION ID NO. 0-011	
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE		LAST ACTION DATE 05/01/96		EMPLOYEE NAME SKILLING, JEFFREY K.	
	ACTIONS A1 10 06 09 01 01 97		LAST ACTION(S) 09		DEPARTMENT NAME/ADDRESS ECT CHAIRMAN & CEO EB 3318 HOUSTON	
	ACTION EFF. DATE 01 01 97		SOCIAL SECURITY NUMBER [REDACTED]			

(CARD COMPLETION INFORMATION ON BACK)

B1	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL) SKILLING, JEFFREY K.	SUFFIX	PREFIX MR.
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STATUS INFORMATION (SCREEN 003)

C1	STATUS	STATUS EFFECTIVE DATE	CONT. SERV. EMPL. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PARTTIME
		01/01/96	08/01/90				R	F
C2	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED	
	E	S	04/01/96		08/01/90	08/01/90		
C3	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4		
	00304000							

JOB ASSIGNMENT INFORMATION (SCREEN 004)

D	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE		
	003972	01/01/96	09/99/99		005481	04/01/94	MNG DIR		
E	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE FOR USE ONLY (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORT	DEPT. EMP. TIME RPT.	
	18,125.000			100.00%	S1	00096000	E	N	
F	MONTHLY HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPARATO (OFFICE USE ONLY) (DNKP)			
	62500.00	01/01/97	62500.00	01/01/97		000.0			
I	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE			
		REG	18,666.665	100.00%	01/01/96	04/30/96			
-2		REG	18,125.000	100.00%	05/01/96	99/99/99			

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	LAST REVIEW DATE	INCREASE DATE	INCR. TYPE	INCREASE AMOUNT	% INCREASE	INCR. TYPE	INCREASE AMOUNT	% INCREASE
	05/01/96	05/01/96	M	2,250.00	12.41%			
	01/01/97	P	26250.00	72.41%				

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC	% FULLTIME	POSITION #	STATUS	TYPE	RT	RP	JOB DEPT. NO.
1	09	05/01/96	005481		18,125.000	S1	100		A	E	R	F	00096000
1	11	01/01/96	005481		18,666.665	S1	100		A	E	R	F	00096000
1	09	05/01/95	005481		16,666.665	S1	100		A	E	R	F	00096000
1	09	01/01/95	005481		14,792.000	S1	100		A	E	R	F	00096000
1	11	01/01/95	005481		9,375.000	S1	100		A	E	R	F	00096000
1	09	10/01/94	005481		9,375.000	S1	100		A	E	R	F	00096000

COMMENTS:

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE

RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

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Card Completion information

Action Completion Card
Number

01 Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F
02 Leave of Absence (LOA) With pay, A1, C1, C2, -F
03 Leave of Absence Without pay, A1, C1, C2
04 Return from Leave of Absence, A1, C1, C2, -F
05 Separation, A1, C1, C2, -D
06 Promotion, A1, C2, C3, -D, -F, C4

Action Completion Card
Number

07 Job Reclassification, A1, C2, C3, -D
08 Promotion, A1, C2, -D, -E, -F, -2, C4
09 Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
10 Company/Org Transfer, A1, C1, C2, C3
11 Other Data Change (see HR Reference Guide)
12 Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1	Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.		Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active		Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.	
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	Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness 06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee		11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay		Regular/Temporary R - Regular T - Temporary Full-Time/Part-Time F - Full-Time P - Part-Time	
	Type E - Exempt N - Non-Exempt		Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only		P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-Time and temporaries eligible for Qualified Plans only if requirements met.	
C3	Drug Test Indicator N - Not covered by DOT regulations		P - Pipeline covered employee		T - Motor carrier covered employee (truck driver)	

JOB ASSIGNMENT INFORMATION (SCREEN 004)

-F	Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (ESP Users)
	Shift Indicator Blank - Non Shift CT - EOC 12-Hour Shift	TH - EOC 10-Hour Shift GE - EOC Rotating 8-Hour Shift	GO - EOC Offshore Shift GT - EOC 12-Hour Shift	LE - EOC Rotating 8-Hour Shift LT - EOC 12-Hour Shift DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010090

C4	Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion		V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease	B - Skill Block Verification F - Failed Reverification N - Lump Merit Q - Lump Promotion J - Lump Hierarchical Promotion
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ECML000656347

ENRON CORP Personnel Action Form	INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		COMPANY/ORGANIZATION NAME ENRON CORP		COMPANY/ORGANIZATION ID NO. 00000000000000000000	
	LAST ACTION DATE 05/01/96		EMPLOYEE NAME SKILLING, JEFFREY K.			
	LAST ACTION(S) 09		DEPARTMENT NAME/ADDRESS ECI CHAIRMAN & CEO EB 3318 HOUSTON			
A1 ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE		ACTIONS 10/06/99		ACTION EFF. DATE 01/01/97		SOCIAL SECURITY NUMBER [REDACTED]

CARD COMPLETION INFORMATION ON BACK	
B1	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) SKILLING, JEFFREY K.

STATUS INFORMATION (SCREEN 003)							
C1	STATUS	EFFECTIVE DATE	CONTINUED EMPLOYMENT	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY/FULL-TIME
C2	DATE OF BIRTH	DATE OF ENTRY	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED	
C3	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4	

JOB ASSIGNMENT INFORMATION (SCREEN 004)							
-D	DATE OF BIRTH	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE	
-E	DATE OF BIRTH	DATE OF ENTRY	DATE CODE	GRADE	DATE OF ENTRY	DATE OF ENTRY	
-F	DATE OF BIRTH	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	
-I	DATE OF BIRTH	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	
-2	DATE OF BIRTH	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	

JOB PERFORMANCE INFORMATION (SCREEN 009)							
C4	DATE OF BIRTH	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	

JOB HISTORY INFORMATION							
COMMENTS:							
APPROVED BY: [Signature] DATE: 12/30/96							

RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

999-32 (11/93)

Distribution: Supervisor, Retain Pink (Last) Copy. Forward White & Canary Copies to Human Resources

EC36936A0010091

ECML000656348

Those sections not defined, refer to Human Resource Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Completion Card
Number

01 Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F
02 Leave of Absence (LOA) With pay, A1, C1, C2, -F
03 Leave of Absence Without pay, A1, C1, C2
04 Return from Leave of Absence, A1, C1, C2, -F
05 Separation, A1, C1, C2, -D
06 Promotion, A1, C2, C3, -D, -F, C4

Action
Number

Completion Card
Number

07 Job Reclassification, A1, C2, C3, -D, -E, -F, C4
08 Demotion, A1, C2, -D, -E, -F, C2, C4
09 Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
10 Company/Org. Transfer, A1, C1, C2, -D, -E, -F, C4
11 Other Data Change (see HR Reference Guide)
12 Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment
Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other Medical 70 - Military 80 - Death	LOA Return Date MM/YY-Month/Year the employee is expected to return from leave of absence
Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness 06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee	11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Regular/Temporary R - Regular T - Temporary Full-Time/Part-Time F - Full-Time P - Part-Time
Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	Drug Test Indicator N - Not covered by DOT regulations P - Pipeline covered employee T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Temp. Time Report D - Department E - Employee N - No Time Report (ESP Users)
Shift Indicator Blank - Non Shift CT - EOC 12-Hour Shift	TH - EOC 10-Hour Shift GE - EOC Rotating 8-Hour Shift	GO - EOC Offshore Shift GT - EOC 12-Hour Shift	LE - EOC Rotating 8-Hour Shift LT - EOC 12-Hour Shift DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease	B - Skill Block Verification F - Failed Verification N - Lump Merit Q - Lump Promotion J - Lump Hierarchical Promotion
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ECML000656349

ENRON CORP Personnel Action Form	INSTRUCTIONS: <i>With</i> ALTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		COMPANY/ORGANIZATION NAME ENRON CAPITAL & TRADING RES.		COMPANY/ORGANIZATION ID NO. 52461	
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE A1 ACTIONS: _____ ACTION EFF DATE: _____		LAST ACTION DATE 01/01/95		EMPLOYEE NAME SKILLING, JEFFREY K	
		LAST ACTION(S) LOA		DEPARTMENT NAME/ADDRESS ECT CHAIRMAN & CEO EB 3318 HOUSTON		
		SOCIAL SECURITY NUMBER [REDACTED]				

CARD COMPLETION INFORMATION ON BACK	
B1 EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL) SKILLING, JEFFREY K	SUFFIX (MR, MRS, MISS, DR) MR

STATUS INFORMATION (SCREEN 003)									
C1	STATUS	EFFECTIVE DATE	CONT. SERV. EMP. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FILL PARTIAL	
		01/01/95	08/01/90				R		
C2	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED			
		01/01/95		08/01/90	06/01/90				
C3	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4			
	00026000								

JOB ASSIGNMENT INFORMATION (SCREEN 004)									
-D	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE		
	01	01/01/95	99/99/99		005481	04/01/94	MNG DIR		
-E	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (OFFICE USE ONLY) (DNKP)	% FULL TIME	PAY CYCLE	LOA DEPT NO.	OFFICE USE ONLY (DNKP)	TIME REPORT	DETERMINE TIME RPT
	9,375.000	P		100.00%	S1		00026000		
-F	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	DOWN RATIO	ENTRY USE (UNIT DNKP)		
	29,584.00	01/01/95	29,584.00	01/01/95			000.0		
-1	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE			
		REG	9,375.000	100.00%	01/01/95	99/99/99			
-2									

JOB PERFORMANCE INFORMATION (SCREEN 009)									
C4	RA REVIEW DATE	INCREASE DATE	INC. TYPE	INCREASE AMOUNT	% INCREASE (NOTY)	INCREASE AMOUNT	% INCREASE (NOTY)	INCREASE AMOUNT	% INCREASE
	06/01/94	10/01/94	K	5,000.00	9.20%	5,000.00			
	01/01/95	0	10,834.00	S1	78				

JOB HISTORY INFORMATION									
JOB NO. (ACTION)	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PR. CYC.	% FULL TIME	POSITION	SHIFT	TYPE
01	01/01/95	005481		9,375.000	S1	100			A
02	10/01/94	005481		9,375.000	S1	100			A
03	04/01/94	005481		14,791.665	S1	100			A
04	04/01/94	005250		14,791.665	S1	100			A
05	05/01/93	003898		14,791.665	S1	100			A
06	03/24/93	003898		13,541.665	S1	100			A

COMMENTS: <i>Salary increase per Chairman office, via Pat Poole</i>									
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
<i>White Knicker</i>	1/17/95								
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE

RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

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Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1	Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.
	Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other, Medical 70 - Military 80 - Death	LOA Return Date MM/YY-Month/Year the employee is expected to return from leave of absence
	Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness 06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee	11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Regular/Temporary R - Regular T - Temporary Full-Time/Part-Time F - Full-Time P - Part-Time
	Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.
	Drug Test Indicator N - Not covered by DOT regulations	P - Pipeline covered employee	T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

-F	Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (ESP Users)
	Shift Indicator Blank - Non Shift CT - EOC 12-Hour Shift	TH - EOC 10-Hour Shift GE - EOC Rotating 8-Hour Shift	GO - EOC Offshore Shift GT - EOC 12-Hour Shift	LE - EOC Rotating 8-Hour Shift LT - EOC 12-Hour Shift DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease	B - Skill Block Verification F - Failed Reverification N - Lump Merit Q - Lump Promotion J - Lump Hierarchical Promotion
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EC36936A0010094
ECML000656351

ENRON CORP Personnel Action Form	INSTRUCTIONS: WHEN ALTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		COMPANY/ORGANIZATION NAME ENRON GAS SERVICE	COMPANY/ORGANIZATION ID NO. 5-460
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE		EMPLOYEE NAME SKILLING, JEFFREY K	DEPARTMENT NAME/ADDRESS CHAIRMAN & CO. E.O. - EG5 EB 3318 HOUSTON
	ACTIONS	ACTION EFF. DATE	SOCIAL SECURITY NUMBER 009 412	LAST ACTION DATE 04/01/94
			LAST ACTION(S)	LAST ACTION DATE

(CARD COMPLETION INFORMATION ON BACK)

B1 SKILLING, JEFFREY K	HR
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STATUS INFORMATION (SCREEN 003)

C1 STATUS A	EFFECTIVE DATE 04/01/94	CONT. SERV. EMP. DATE 08/01/90	SEPARATION REASON 000	LOA RETURN DATE 000	LOA REASON 000	REGULAR/TEMPORARY R	FULL/PART-TIME F
C2 PAY SCALE 0	PAY REVIEW DATE 04/01/94	BENEFIT CODE 000	BENEFIT CODE DATE 08/01/90	ORIGINAL HIRE DATE 08/01/90	LAST DATE WORKED 08/01/90		
C3 REPORTING NUMBER 00000000	DRUG TEST 000	REPORTING GROUP 000	REPORTING GROUP 000	REPORTING GROUP 000	REPORTING GROUP 000		

JOB ASSIGNMENT INFORMATION (SCREEN 004)

-D BEGIN DATE 01/01/93	END DATE 99/99/99	POSITION NO. 002481	JOB CLASS NUMBER 04/01/94	CLASS ENTRY DATE 04/01/94	JOB ASSIGNMENT TYPE ENG DIR		
-E DATE RECEIVED 04/01/94	DATE CODE 000	GRADE 000	PAY RATE 100.002	PAY RATE 100.002	PAY RATE 100.002	PAY RATE 100.002	PAY RATE 100.002
-F SALARY 18,750.00	SALARY EFFECTIVE DATE 05/01/93	BENEFIT RATE 12.543.33	BENEFIT EFFECTIVE DATE 05/01/93	BENEFIT RATE 12.543.33	BENEFIT EFFECTIVE DATE 05/01/93	BENEFIT RATE 12.543.33	BENEFIT EFFECTIVE DATE 05/01/93
-1 EARNINGS TYPE REG	EARNINGS TYPE REG	EARNINGS TYPE REG	EARNINGS TYPE REG	EARNINGS TYPE REG	EARNINGS TYPE REG	EARNINGS TYPE REG	EARNINGS TYPE REG
-2 START DATE 05/01/93	END DATE 99/99/99	START DATE 05/01/93	END DATE 99/99/99	START DATE 05/01/93	END DATE 99/99/99	START DATE 05/01/93	END DATE 99/99/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4 REVIEW DATE 04/01/94	INCREASE DATE 05/01/93	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00
REVIEW DATE 04/01/94	INCREASE DATE 05/01/93	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00	INCREASE AMOUNT 2,500.00

JOB HISTORY INFORMATION

JOB NO.	CLASS NO.	GRADE	PAY RATE	REASON	POSITION	DATE	DATE	DATE	DATE	DATE	DATE
01	005481	000	14,791.665	01	100	04/01/94	05/01/93	05/01/93	05/01/93	05/01/93	05/01/93
02	005250	000	14,791.665	01	100	04/01/94	05/01/93	05/01/93	05/01/93	05/01/93	05/01/93
03	003898	000	14,791.665	01	100	04/01/94	05/01/93	05/01/93	05/01/93	05/01/93	05/01/93
04	003898	000	13,541.665	01	100	04/01/94	05/01/93	05/01/93	05/01/93	05/01/93	05/01/93
05	003898	000	13,541.665	01	100	04/01/94	05/01/93	05/01/93	05/01/93	05/01/93	05/01/93
06	003898	000	13,541.665	01	100	04/01/94	05/01/93	05/01/93	05/01/93	05/01/93	05/01/93

COMMENTS:

Job offer approved by Compensation Committee 8/29/94

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
<i>Chiefa Krule</i>	<i>9/2/94</i>						

RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

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Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1	Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.
	Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other Medical 70 - Military 80 - Death	LOA Return Date MM/YY-Month/Year the employee is expected to return from leave of absence
	Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness 06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee	11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Regular/Temporary R - Regular T - Temporary Full-Time/Part-Time F - Full-Time P - Part-Time
	Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.
C3	Drug Test Indicator N - Not covered by DOT regulations	P - Pipeline covered employee	T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (ESP Users)
F	Shift Indicator Blank - Non Shift CT - EOC 12-Hour Shift	TH - EOC 10-Hour Shift GE - EOC Rotating 8-Hour Shift	GO - EOC Offshore Shift GT - EOC 12-Hour Shift	LE - EOC Rotating 8-Hour Shift LT - EOC 12-Hour Shift DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease	B - Skill Block Verification F - Failed Reverification N - Lump Merit Q - Lump Promotion J - Lump Hierarchical Promotion
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EC36936A0010096

ECML000656353

ENRON CORP Personnel Action Form	INSTRUCTIONS: FILLING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		EMPLOYEE ORGANIZATION CODE EC36936A0010097
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE ACTIONS: 03 01 02 ACTION EFF. DATE: 04/11/94	EMPLOYEE NAME TRILL, JAMES E.	EMPLOYEE NUMBER 005108

CARD COMPLETION INFORMATION (ON BACK)		RETURN FROM LEAVE TO AVOID AVOIDANCE OF AVOIDANCE
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STATUS INFORMATION (SCREEN 003)		STATUS INFORMATION (SCREEN 003)
C1 ACTION DATE: 04/11/94 ACTION TYPE: 03 ACTION EFFECTIVE DATE: 04/11/94	C2 ACTION DATE: 04/11/94 ACTION TYPE: 01 ACTION EFFECTIVE DATE: 04/11/94	C3 ACTION DATE: 04/11/94 ACTION TYPE: 02 ACTION EFFECTIVE DATE: 04/11/94

JOB ASSIGNMENT INFORMATION (SCREEN 004)		JOB ASSIGNMENT INFORMATION (SCREEN 004)
D POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV	E POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV	F POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV

JOB PERFORMANCE INFORMATION (SCREEN 009)		JOB PERFORMANCE INFORMATION (SCREEN 009)
C1 POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV	C2 POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV	C3 POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV

JOB HISTORY INFORMATION		JOB HISTORY INFORMATION
C1 POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV	C2 POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV	C3 POSITION: 005250 CLASS: 04/11/94 ASSIGNMENT: MNG-DIV

RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

999-32 (11/89) Distribution: Supervisor, Retain Pink (Last Copy Forward White & Canary Copies to Human Resource)

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03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.
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Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness	06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee	Regular/Temporary R - Regular T - Temporary
Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	Full-Time/Part-Time F - Full-Time P - Part-Time
Drug Test Indicator N - Not covered by DOT regulations	P - Pipeline covered employee	T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (Liquids Commission Drivers)
Shift Indicator Blank - Non Shift CT - Cogen 12-Hour Shift	TH - GPG 10-Hour Shift GE - GPG Rotating 8-Hour Shift	GO - GPG Offshore Shift GT - GPG 12-Hour Shift	LE - Liquids Rotating 8-Hour Shift LT - Liquids 12-Hour Shift DR - Liquids Commission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease
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EC36936A0010098

ECML000656355

ENRON CORP Personnel Action Form	INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		EMPLOYEE NAME: 04701291 SOCIAL SECURITY NUMBER: 04701291 EMPLOYEE ADDRESS: 04701291 EMPLOYEE PHONE: 04701291 EMPLOYEE FAX: 04701291	
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE ACTIONS: 121091 ACTION EFF. DATE: 04/01/99		SOCIAL SECURITY NUMBER: 04701291	

(CARD COMPLETION INFORMATION ON BACK) of 04701291

B1				
----	--	--	--	--

STATUS INFORMATION (SCREEN 003)

C1	STATUS	DATE	REASON	DATE	REASON	DATE	REASON
C2	STATUS	DATE	REASON	DATE	REASON	DATE	REASON
C3	STATUS	DATE	REASON	DATE	REASON	DATE	REASON

JOB ASSIGNMENT INFORMATION (SCREEN 004)

D	POSITION NO.	DATE	DATE	DATE	DATE	DATE	DATE
E	POSITION NO.	DATE	DATE	DATE	DATE	DATE	DATE
F	POSITION NO.	DATE	DATE	DATE	DATE	DATE	DATE
-1	POSITION NO.	DATE	DATE	DATE	DATE	DATE	DATE
-2	POSITION NO.	DATE	DATE	DATE	DATE	DATE	DATE

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	POSITION NO.	DATE	DATE	DATE	DATE	DATE	DATE
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JOB HISTORY INFORMATION

DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE

COMMENTS:

APPROVED BY: J Cadena DATE: 7-25-94	APPROVED BY: DATE:	APPROVED BY: DATE:	APPROVED BY: DATE:
APPROVED BY: DATE:	APPROVED BY: DATE:	APPROVED BY: DATE:	APPROVED BY: DATE:

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EC36936A0010099

ECML000656356

Those sections not defined, refer to Human Resou Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Completion Card
Number

01 Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F
02 Leave of Absence (LOA) With pay, A1, C1, C2, -F
03 Leave of Absence Without pay, A1, C1, C2
04 Return from Leave of Absence, A1, C1, C2, -F
05 Separation, A1, C1, C2, -D
06 Promotion, A1, C2, C3, -D, -F, C4

Action Completion Card
Number

07 Job Reclassification, A1, C2, C3, -D
08 Demotion, A1, C2, -D, -E, -F, -2, C4
09 Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
10 Company/Org Transfer, A1, C1, C2, C3
11 Other Data Change (see HR Reference Guide)
12 Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.
Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other Medical 70 - Military 80 - Death	LOA Return Date MM/YY-Month/Year the employee is expected to return from leave of absence
Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness 06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee 11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Regular/Temporary R - Regular T - Temporary	Full-Time/Part-Time F - Full-Time P - Part-Time
Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.
Drug Test Indicator N - Not covered by DOT regulations	P - Pipeline covered employee	T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (ESP Users)
Shift Indicator Blank - Non Shift CT - EOC 12-Hour Shift	TH - EOC 10-Hour Shift GE - EOC Rotating 8-Hour Shift	GO - EOC Offshore Shift GT - EOC 12-Hour Shift	LE - EOC Rotating 8-Hour Shift LT - EOC 12-Hour Shift DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010100

Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step-Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease	B - Skill Block Verification F - Failed Reverification N - Lump Merit Q - Lump Promotion J - Lump Hierarchical Promotion
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ECML000656357

ENRON CORP Personnel Action Form	INSTRUCTIONS: WHEN ALTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		COMPANY ORGANIZATION NAME ENRON FINANCE CORP		COMPANY ORGANIZATION ID NO 5-002	
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE ACTIONS / ACTION EFF. DATE 06 01 92 08 01 90		LAST ACTION DATE 05/01/92		EMPLOYEE NAME SKIDMORE, JEFFREY K	
			LAST ACTION(S) 09		DEPARTMENT NAME/ADDRESS CHAIRMAN, L.C.-E.O.-EBS EB 3016 HOUSTON	

(CARD COMPLETION INFORMATION ON BACK)

B1	SKIDMORE, JEFFREY K	SUBJECT	PREF
----	---------------------	---------	------

STATUS INFORMATION (SCREEN 003)

C1	STATUS	EFFECTIVE DATE	CONV. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REG. PART-TIME	TEMP. PART-TIME
		08 01 90						
C2	DATE	INSTR. DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED		
		08 01 90		08 01 90	08 01 90			
C3	DEPARTMENT NUMBER	ORG. CODE	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4		
	0000-000							

JOB ASSIGNMENT INFORMATION (SCREEN 004)

-D	NO. DATES	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
		01/01/91	99/99/99		003898	08/01/90	CHMN & CEO ENRON FIN
-E	DATE	GRADE	GRADE	GRADE	GRADE	GRADE	GRADE
		08 01 90	08 01 90	08 01 90	08 01 90	08 01 90	08 01 90
-F	MONTHLY GROSS SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIELDING	COMP. RATIO	OFFICE USE ONLY (DND)
	27,083.33	05/01/92	127,083.33	05/01/92			000-0
-I	ACCOUNT NUMBER	OFFICE USE ONLY (DND)	EARNINGS TYPE	RATE AMOUNT	OFFICE USE ONLY (DND)	PERCENT	START DATE
			REG	12,292.000		100.00%	05/16/91
-2			REG	13,241.665		100.00%	05/01/92

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	DATE	INCREASE DATE	NO. INCREASE	AMOUNT	NO. INCREASE	AMOUNT	NO. INCREASE	AMOUNT
	08 01 92	08 01 92	19	20	19	20	19	20

JOB HISTORY INFORMATION

1	01	05/01/92	003898	13,241.665	51	100	A	E	R	F	0000-000
2	01	01/16/91	003898	12,292.000	51	100	A	E	R	F	0000-000
3	01	01/01/91	003898	12,292.000	51	100	A	E	R	F	0000-000
4	01	01/01/91	003898	12,292.000	51	100	A	E	R	F	0000-000
5	01	08/01/90	003898	12,292.000	51	100	A	E	R	F	0000-000
6	01	08/01/90	003898	12,292.000	51	100	A	E	R	F	0000-000

COMMENTS: *ES CSD entered incorrectly when PAF was originally keyed.*

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
<i>[Signature]</i>	06/12/92	<i>[Signature]</i>	06/12/92	<i>[Signature]</i>	06/12/92	<i>[Signature]</i>	06/12/92
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
<i>[Signature]</i>	6/15/92	<i>[Signature]</i>	6/15/92	<i>[Signature]</i>	6/15/92	<i>[Signature]</i>	6/15/92

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EC36936A0010101

ECML000656358

Those sections not defined, refer to Human Resource Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1	Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.	
	Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other Medical 70 - Military 80 - Death	LOA Return Date MM/YY-Month/Year the employee is expected to return from leave of absence	
	Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness	06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee	11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Regular/Temporary R - Regular T - Temporary Full-Time/Part-Time F - Full-Time P - Part-Time
	Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.	
C3	Drug Test Indicator N - Not covered by DOT regulations P - Pipeline covered employee T - Motor carrier covered employee (truck driver)			

JOB ASSIGNMENT INFORMATION (SCREEN 004)

F	Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (Liquids Commission Drivers)
	Shift Indicator Blank - Non Shift CT - Cogen 12-Hour Shift	TH - GPG 10-Hour Shift GE - GPG Rotating 8-Hour Shift	GO - GPG Offshore Shift GT - GPG 12-Hour Shift	LE - Liquids Rotating 8-Hour Shift LT - Liquids 12-Hour Shift DR - Liquids Commission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	Incra: Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease
	<div style="text-align: right;"> EC36936A0010102 ECML000656359 </div>		

ENRON CORP Personnel Action Form	INSTRUCTIONS: WHEN FILLING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.		COMPANY/ORGANIZATION NAME ENRON FINANCE CORP.		COMPANY/ORGANIZATION ID NO. 5-002	
	ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE		LAST ACTION DATE 01/01/91		EMPLOYEE NAME SKILLING, JEFFREY R.	
	ACTIONS 12		ACTION EFF. DATE 01/01/91		DEPARTMENT NAME/ADDRESS EXECUTIVE/EEC 60-0906 HOUSTON	

(CARD COMPLETION INFORMATION ON BACK)

B1	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) SKILLING, JEFFREY R.	EMPLOYEE ID NO. MR.
----	--	-------------------------------

STATUS INFORMATION (SCREEN 003)

C1	STATUS A	STATUS EFFECTIVE DATE 01/01/90	STATUS EXPIRATION DATE 08/01/95	SEPARATION REASON 1	LOA RETURN DATE	LOA REASON	REGULAR TEMPORARY N	STATUS RETIRE 0
C2	PAY RATE 11,458.500	NEXT REVIEW DATE 08/01/91	BENEFIT CODE 0	BENEFIT EXPIRATION DATE 08/01/96	DUPLICATE/ACADEMIC	DUPLICATE/ACADEMIC	DUPLICATE/ACADEMIC	DUPLICATE/ACADEMIC
C3	DEPARTMENT NUMBER 60050-000	ORGANIZATION 60090-000	REPORTING GROUP	REPORTING GROUP	REPORTING GROUP	REPORTING GROUP	REPORTING GROUP	REPORTING GROUP

JOB ASSIGNMENT INFORMATION (SCREEN 004)

D	JOB NO. (DNK) 1	BEGIN DATE 01/01/91	END DATE 99/99/99	POSITION NO. 003898	JOB CLASS NUMBER 003898	CLASS ENTRY DATE 08/01/90	JOB ASSIGNMENT TITLE CHM - CEO ENRON FIN CORP
E	PAY RATE (DNK) 11,458.500	GRADE (DNK) 0	GRADE (DNK) 0	GRADE (DNK) 0	GRADE (DNK) 0	GRADE (DNK) 0	GRADE (DNK) 0
F	MONTHLY/HOURLY SALARY 22,917.000	SALARY EFFECTIVE DATE 08/01/90	BENEFIT DATE 08/01/90	BENEFIT EFFECTIVE DATE 08/01/90	SHIELDING (COMPARISON OFFICE USE ONLY) (DNK) 000.0	SHIELDING (COMPARISON OFFICE USE ONLY) (DNK) 000.0	SHIELDING (COMPARISON OFFICE USE ONLY) (DNK) 000.0
I	ACCOUNT NUMBER (OFFICE USE ONLY) (DNK) REG	EARNINGS TYPE REG	RATE AMOUNT 11,458.500	PERCENT 100.00%	START DATE 01/01/91	STOP DATE 99/99/99	STOP DATE 99/99/99
-2							

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	PERIOD REVIEW DATE	PERIOD INCREASE DATE	PERIOD INCREASE AMOUNT	PERIOD INCREASE AMOUNT	PERIOD INCREASE AMOUNT	PERIOD INCREASE AMOUNT	PERIOD INCREASE AMOUNT
----	--------------------	----------------------	------------------------	------------------------	------------------------	------------------------	------------------------

JOB HISTORY INFORMATION

JOB NO.	ACTION	DATE	CLASS NO.	GRADE	PAY RATE	PERCENT	SHIELDING	POSITION	STATUS	DATE	REASON	REASON
1	09	01/01/91	003898	0	11,458.500	100	000	CHM - CEO ENRON FIN CORP	A	E	F	005-00000
1	12	02/06/90	003898	0	11,458.500	100	000	CHM - CEO ENRON FIN CORP	A	E	F	005-00000
1	01	08/01/90	003898	0	11,458.500	100	000	CHM - CEO ENRON FIN CORP	A	E	F	005-00000

COMMENTS											
APPROVED BY <i>[Signature]</i> DATE 1/9/91 APPROVED BY DATE APPROVED BY DATE APPROVED BY DATE APPROVED BY DATE APPROVED BY DATE APPROVED BY DATE											

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EC36936A0010103

ECML000656360

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 Dates must be entered in MM/DD/YY format.
 Enter changes in white section of Personnel Action Form (PAF).
 For Name Change and other personal information, use Personal Data Form (PDF).
 Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1	Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.	
	Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other Medical 70 - Military 80 - Death	LOA Return Date MM/YY-MM/YY the employee is expected to return from leave of absence	
	Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness	06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee	11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Regular/Temporary R - Regular T - Temporary Full-Time/Part-Time F - Full-Time P - Part-Time
	Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-Time and temporaries eligible for Qualified Plans only if requirements met.	
C3	Drug Test Indicator N - Not covered by DOT regulations	P - Pipeline covered employee	T - Motor carrier covered employee (truck driver)	

JOB ASSIGNMENT INFORMATION (SCREEN 004)

-F	Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (Liquids Commission Drivers)
	Shift Indicator Blank - Non Shift CT - Cagen 12-Hour Shift	TH - GPG 10-Hour Shift GE - GPG Rotating 8-Hour Shift	GO - GPG Offshore Shift GT - GPG 12-Hour Shift	LE - Liquids Rotating 8-Hour Shift LT - Liquids 12-Hour Shift DR - Liquids Commission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4	Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease	EC36936A0010104 ECML000656361

**ENRON
CORP****Personnel
Action Form**

INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.

ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

A1 ACTIONS ACTION EFF. DATE
01 08/01/90

COMPANY OR ORGANIZATION NAME NNG	COMPANY OR ORGANIZATION ID NO. 1-119
LAST ACTION DATE	EMPLOYEE NAME SKILLING, JEFFREY K.
LAST ACTION(S)	DEPARTMENT NAME ADDRESS ENRON FINANCE CORP.
SOCIAL SECURITY NUMBER	

(CARD COMPLETION INFORMATION ON BACK)

B1 EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) SKILLING, JEFFREY K.	SUFFIX	DATE
--	--------	------

STATUS INFORMATION (SCREEN 003)

C1 STATUS STATUS EFFECTIVE DATE CONT. SERV. EMP. DATE SEPARATION REASON	TOA RETURN DATE	TOA REASON	REGULARITY PROBATION	TRIP DATE TIME
A 08/01/90 08/01/90			R	E
C2 TYPE STATUS NEXT REVIEW DATE BENEFIT CODE BENEFIT COORDINATOR	ORIGINAL HIRE DATE	DATE		
E S 08/01/91	08/01/90	08/01/90		
C3 DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3
00450-000	N			

JOB ASSIGNMENT INFORMATION (SCREEN 004)

-D JOB POSITION EFFECTIVE DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT DATE
08/01/90	99/99/99		003898	08/01/90	CHAIRMAN & CEO FINANCE
-E PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE GRADE (OFFICE USE ONLY) (DNKP)	RATE	PAY CODE	OFFICE USE ONLY (DNKP)	TIME REPORT
	P	100.00	51		E D
-F MONTHLY MONETARY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPLAINT OFFICER (DATE)
22,917.00	08/01/90	22,917.00	08/01/90		
-1 ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-2					

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4 PAY REVIEW DATE	INCREASE DATE	INCREASE AMOUNT	INCREASE AMOUNT	INCREASE AMOUNT	INCREASE AMOUNT

JOB HISTORY INFORMATION

JOB TOA EFFECTIVE DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CC	BUILDING	POSITION	DATE	TYPE	DATE	DATE

COMMENTS

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
J. Lannon	8/3/90						
M. Long	8/3/90						

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EC36936A0010105

ECML000656362

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Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Completion Card
Number

01 Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F
02 Leave of Absence (LOA) With pay, A1, C1, C2, -F
03 Leave of Absence Without pay, A1, C1, C2
04 Return from Leave of Absence, A1, C1, C2, -F
05 Separation, A1, C1, C2, -D
06 Promotion, A1, C2, C3, -D, -F, C4

Action Completion Card
Number

07 Job Reclassification, A1, C2, C3, -D
08 Demotion, A1, C2, -D, -E, -F, -2, C4
09 Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
10 Company/Org Transfer, A1, C1, C2, C3
11 Other Data Change (see HR Reference Guide)
12 Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

Status A - Active L - Leave of Absence without pay P - Leave of Absence with full or partial pay T - Terminated status.	Status Effective Date MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active	Cont. Serv/Emp. Date MM/DD/YY - Date the employee began continuous employment.
Separation Reason 01 - Position Discontinued 02 - Layoff 04 - Completion of Contract 06 - Reorganization/Surplus 07 - Leave of Absence Expiration 21 - Termination - Other 22 - Unsatisfactory Performance 23 - Misconduct/Violation of Rules 30 - Normal Retirement 31 - Early Retirement	40 - Accepted New Job (Competitor) 41 - Accepted New Job (Non-Competitor) 44 - Personal Reasons 45 - Quit Without Notice 46 - Relocation 47 - Returned to School 48 - Dissatisfied w/Working Conditions 50 - Organization Transfer 62 - Other Medical 70 - Military 80 - Death	LOA Return Date MM/YY-Month/Year the employee is expected to return from leave of absence
Leave of Absence (LOA) Reason 02 - Military 03 - New Child Care 04 - Personal 05 - Illness 06 - Family Obligations 07 - Education 08 - Layoff With Pay 10 - STD Employee	11 - STD Insurance 12 - LTD Employee 13 - LTD Insurance 14 - Layoff without pay	Regular/Temporary R - Regular T - Temporary Full-Time/Part-Time F - Full-Time P - Part-Time
Type E - Exempt N - Non-Exempt	Benefit Code Blank - Active Regular Full-Time eligible for all Enron Benefits X - Not eligible for any Enron Benefits E - Active Regular Full-Time and "L" status eligible for Retirement Only	P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.
Drug Test Indicator N - Not covered by DOT regulations	P - Pipeline covered employee	T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code P - Pay Period Amount H - Hourly	Pay Cycle S1 - Semi Monthly W1 - Weekly M1 - Monthly (Expatriates) M2 - Monthly (Special Retirees) B1 - Bi-Weekly	Time Report P - Positive Time Reporting E - Exception time reporting	Dept/Emp. Time Report D - Department E - Employee N - No Time Report (Liquids Commission Drivers)
Shift Indicator Blank - Non Shift CT - Cogen 12-Hour Shift	TH - GPG 10-Hour Shift GE - GPG Rotating 8-Hour Shift	GO - GPG Offshore Shift GT - GPG 12-Hour Shift	LE - Liquids Rotating 8-Hour Shift LT - Liquids 12-Hour Shift DR - Liquids Commission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

Increase Type M - Merit P - Promotion R - Rate Structure C - Cost of Living D - Demotion	V - Developmental S - Step Rate T - Temp. Upgrade U - Return from Temp. Upgrade	O - Other H - Hierarchical Promotion K - Salary Decrease L - Return from Salary Decrease
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